

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
CAMPAIGN DISCLOSURE 30.

2014 OCT 20 AM 7:31

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization) 18762
Committee to Re-Elect Mendi Allen
IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm #	<u>18762</u>
Logged In	<u>TA</u>
Scanned	<u>TA</u>
Computer	
Audited	

CANDIDATE COMMITTEES ONLY:

Candidate Name Mendi Allen Political Party (if applicable) Republican
Office Sought Robinson County Supervisor District (if Senate or House)

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mendi Allen
SIGNATURE OF PERSON FILING REPORT

712-337-2046
TELEPHONE

10-19-14
DATE SIGNED

I AM FILING A DR-2 Summary on 10-19-14 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR
(report date) Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED 10-27-14

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
<u>11-4-14</u>
County & Local Committees, enter County in which Election is held
<u>Robinson County, IA</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 242.59

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

150.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 470.68

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 392.59

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 485.80

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 78.09

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-Elect Mark Allen 18762

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE

D

(Rev. 08/98)

INCURRED

INDEBTEDNESS

☐ CHECK THIS BOX
IF AMENDING
FORM

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10-7-14	The Lakes News Shopper 1009 22 nd Street Milford, Iowa 51331	Advertisement - Campaign Ad	\$ 121.45
10-14-14	The Lakes News Shopper 1009 22 nd Street Milford, Iowa 51331	Campaign Ad	121.45
10-21-14	The Lakes News Shopper 1009 22 nd Street Milford, Ia 51331	Campaign Ad	121.45
10-28-14	The Lakes News Shopper 1009 22 nd Street Milford, Ia 51331	Campaign Ad	121.45

SUB-TOTAL

\$

485.80

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

\$

485.80

*If actual figure is unknown, show "estimated" beside the figure.

 Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to RE-Elect Mardi Allen

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9/7/2014	Mardi Allen 24576 182nd Street Spirit Lake, IA 51360	Self	Paper, ink	\$ 78.09	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 78.09	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule E)